

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Notes
		Rule 32 Detoxification - Self Monitoring - CLIENT RECORDS - 20090211		
		Required Documentation		
	9530.6585, Subp. 1	LH must maintain a file of current client records on the program premises where the treatment is provided.		
	9530.6585, Subp. 1	Each entry in each client case record must be signed and dated by the staff member making the entry.		
	9530.6585, Subp. 1	Client records must be protected against loss, tampering, or unauthorized disclosure in compliance with Minnesota Statutes, section 254A.09; Code of Federal Regulations, title 42, chapter 1, part 2, subpart B, sections 2.1 to 2.67, and Code of Federal Regulations, Title 45, parts 160 to 164, and Minnesota Statutes, chapter 13.		
	9530.6525, Subp. 2	Admission criteria: A detoxification program may only admit persons who meet the admission criteria.		
		Client Services		
	9530.6530, Subp. 1	CHEMICAL USE SCREENING. A LH must screen each client admitted to determine whether the client suffers from substance use disorder. The LH must screen clients at each admission, except if the client has already been determined to suffer from substance use disorder, the provisions in subpart 2 apply.		
	9530.6550, B,(2)	HEALTH SERVICES. If the client was intoxicated at the time services were initiated, (the LH) completed a follow-up screening between 4 and 12 hours after service initiation that collects information relating to health complaints and behavioral risk factors that the client may not have been able to communicate clearly at service initiation.		
	9530.6550, B,(3)	If the client had physical signs and symptoms that required consultation with a registered nurse or a physician and that required transfer to an acute care medical facility the LH procedures were followed.		
	9530.6550, B,(4)	The staff members responsible for monitoring client health provided hourly observation, and for more frequent observation, if the service initiation assessment or follow-up screening indicated a need for intensive physical or behavioral health monitoring.		

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	9530.6550, B,(5)	The LH procedures which specify the actions to be taken to address specific complicating conditions including pregnancy or the presence of physical signs or symptoms of any other medical condition were followed, if needed.		
	9530.6530, Subp. 2	CHEMICAL USE ASSESSMENT: The LH must provide or arrange for the provision of a chemical use assessment, according to parts 9530.6600 to 9530.6660, for each client who suffers from substance use disorder at the time the client is identified. If a client is readmitted within one year of the most recent assessment, an update to the assessment must be completed. If a client is readmitted and it has been more than one year since the last assessment, a new assessment must be completed. The chemical use assessment must include documentation of the appropriateness of an involuntary referral through the civil commitment process. (NOTE: For this subpart, "arrange for" means that if the client leaves the program prior to the completion of a chemical use assessment according to Rule 25, then the license holder must document that the client has been given the date and time of appointment, and the phone number and address or place that the chemical use assessment will be completed.)		
	9530.6530, Subp. 3	REFERRALS: A LH must provide referrals to appropriate chemical dependency services as indicated by the chemical use assessment. Referrals may also be made for mental health, economic assistance, social services, and prenatal care and other health services as the client may require. Each referral must:		
	9530.6530, Subp. 3,A	Be based on the client's chemical use assessment;		
	9530.6530, Subp. 3,B	Recognize geographical, economic, educational, religious, cultural, and employment status information as factors affecting access to services;		
	9530.6530, Subp. 4,A	CLIENT EDUCATION. A LH must provide all clients with the following information for obtaining assistance regarding: substance use disorder problems, including the effects of alcohol and other drugs and specific information about the effects of chemical use on unborn children; [NOTE: the use of written materials only (such as posters or handouts) does not qualify as client education]		
	9530.6530, Subp. 4,B	Tuberculosis and reporting known cases of tuberculosis disease to health care authorities according to Minnesota Statutes, section 144.4804; and		
	9530.6530, Subp. 4,C	HIV as required in Minnesota Statutes, section 245A.19, paragraphs (b) Orientation shall be provided to all clients, within 72 hours of admission to the program.		

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		Protective Procedures		
	9530.6535, Subp. 3	Each use of a protective procedure must be documented in the client record. The client record must include:		
	9530.6535, Subp. 3,A	A description of specific client behavior precipitating a decision to use a protective procedure, including date, time, and program staff present.		
	9530.6535, Subp. 3,B	the specific means used to limit the client's behavior;		
	9530.6535, Subp. 3,C	the time the protective procedure began, the time the protective measure ended, and the time of each staff observation of the client during the procedure;		
	9530.6535, Subp. 3,D	the names of the program staff authorizing the use of the protective procedure, and the program staff directly involved in the protective procedure and the observation process;		
	9530.6535, Subp. 3,E	the physician's order authorizing the use of restraints as required by subpart 6;		
	9530.6535, Subp. 3,F	a brief description of the purpose for using the protective procedure, including less restrictive interventions considered prior to the decision to use the protective procedure, and		
	9530.6535, Subp. 3,F	a description of the behavioral results obtained through the use of the procedure;		
	9530.6535, Subp. 3,G	documentation of reassessment of the client at least every 15 minutes to determine if seclusion, physical hold, or use of restraint equipment can be terminated;		
	9530.6535, Subp. 3,H	the description of the physical holds or restraint equipment used in escorting a client; and		
	9530.6535, Subp. 3,I	any injury to the client that occurred during the use of a protective procedure.		
		Requirements at Service Initiation - All Programs		
	245A.19,(b)	HIV: the file must document that the client received orientation to the HIV minimum standards within 72 hours of admission to the program.		

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	9530.6530, 4,B	The LH must provide information for obtaining assistance regarding: tuberculosis and reporting known cases of tuberculosis disease to health care authorities.		
	245A.65, Subd. 1, (c)	Within 24 hours of admission to the program, or 72 hours for persons who would benefit more from a later orientation, each new person receiving services from the program must receive orientation to the following policies and procedures governing maltreatment of vulnerable adults: the internal and external reporting policies, including the telephone number for the Common Entry Point (CEP); AND		
	245A.65, Subd. 2,(a)(4)	the program abuse prevention plan.		
	626.557, Subd. 3a,(a)	The license holder must seek consent to the disclosure of suspected maltreatment from the resident, or a guardian, conservator, or legal representative upon the resident's admission		
	616.557, Subd. 3(a),item (a)	If upon admission the client refused consent for disclosure of suspected maltreatment, and an incident of suspected maltreatment was reported, the mandated reporter immediately sought consent again from the resident to make a report.		
		Individual Abuse Prevention Plan		
	245A.65, Subd. 2,(b),(2)	For each vulnerable adult receiving program services the an individual abuse prevention plan must be developed as part of the initial service plan, and must contain:		
	626.557, Subd. 14,(b)	an individualized assessment of the person's susceptibility to abuse by other individuals, including other vulnerable adults, and to self abuse; and		
	245A.65, Subd. 2,(b),(1)	a statement of the specific measures that will be taken to minimize the risk of abuse to that person when the individual assessment indicates the need for measures in addition to the specific measures identified in the program abuse prevention plan. The measures shall: include the specific actions the program will take to minimize the risk of abuse within the scope of the licensed services, and		
	245A.65, Subd. 2,(b),(1)	identify referrals made when the vulnerable adult was susceptible to abuse outside the scope or control of the licensed services.		

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	626.557, Subd. 14,(c)	(c) If the facility knows that the vulnerable adult has committed a violent crime or an act of physical aggression toward others, the individual abuse prevention plan must detail the measures to be taken to minimize the risk that the vulnerable adult might reasonably be expected to pose to visitors to the facility and persons outside the facility, if unsupervised. Under this section, a facility knows of a vulnerable adult's history of criminal misconduct or physical aggression if it receives such information from a law enforcement authority or through a medical record prepared by another facility, another health care provider, or the facility's ongoing assessments of the vulnerable adult.		
	245A.65, Subd. 2,(b),(1)	When the assessment indicates that the vulnerable adult does not need specific risk reduction measures in addition to those identified in the program abuse prevention plan, the IAPP must document this determination.		
	245A.65, Subd. 2,(b),(2)	The person receiving services shall participate in the development of the IAPP to the full extent of the person's abilities. If applicable the person's legal representative shall be given the opportunity to participate in the development of the plan.		
	245A.65, Subd. 2,(b),(2)	The interdisciplinary team shall review and evaluate the IAPP as part of the service plan review, using the individual assessment and any reports of abuse relating to this person. The plan shall be revised to reflect the review of the review.		